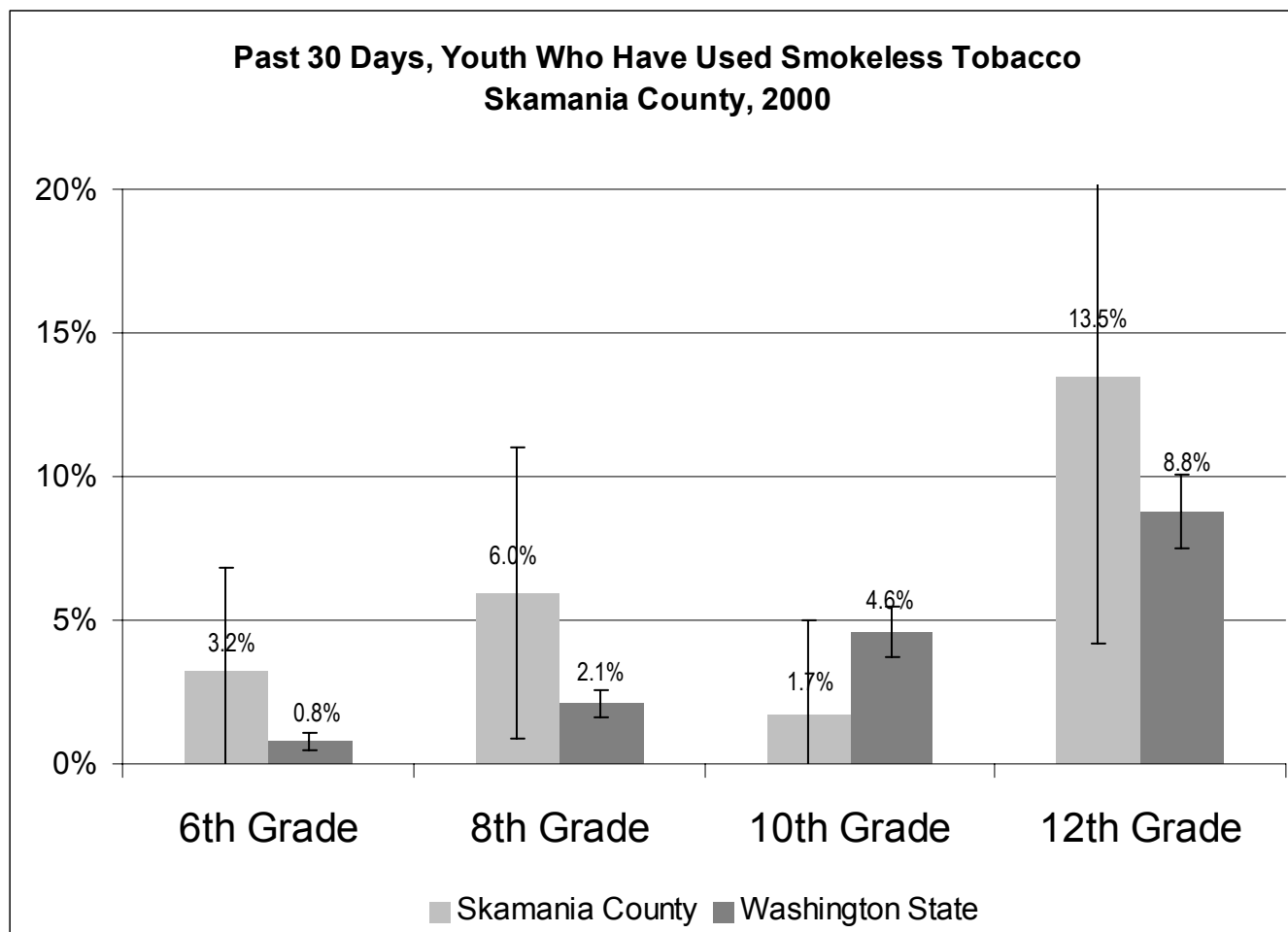
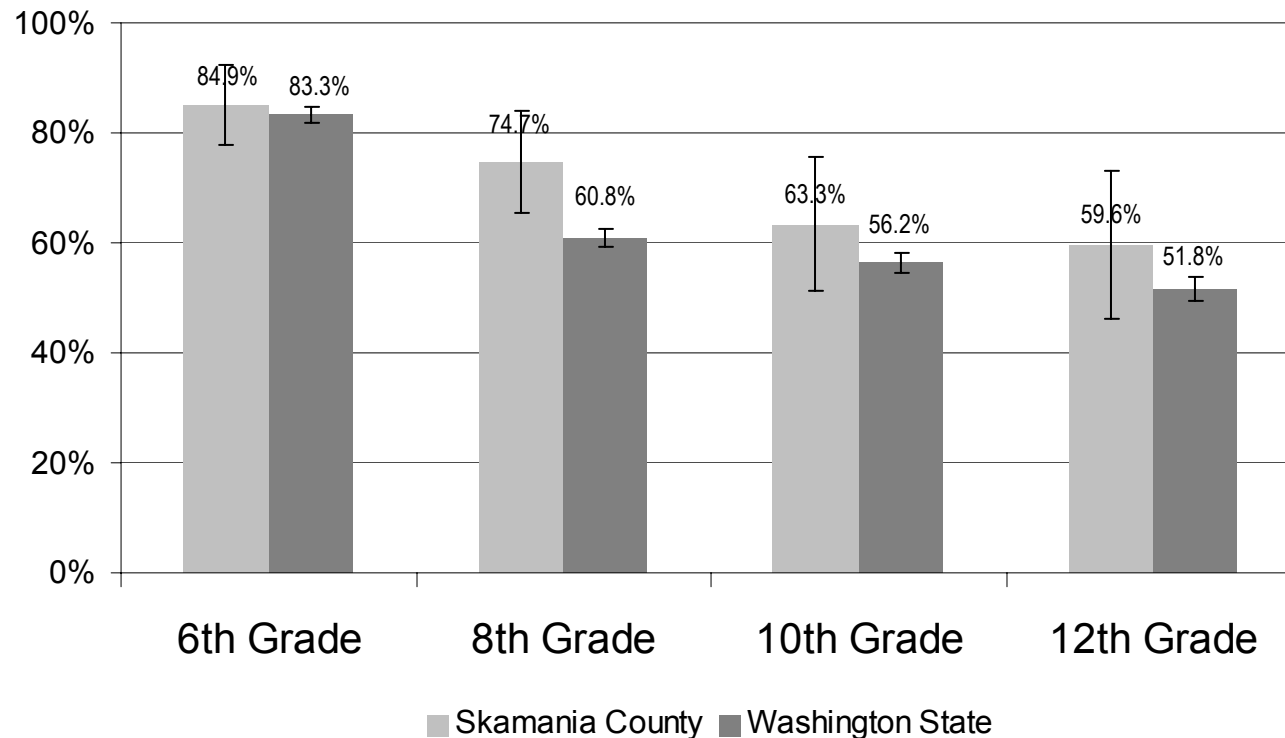


Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation



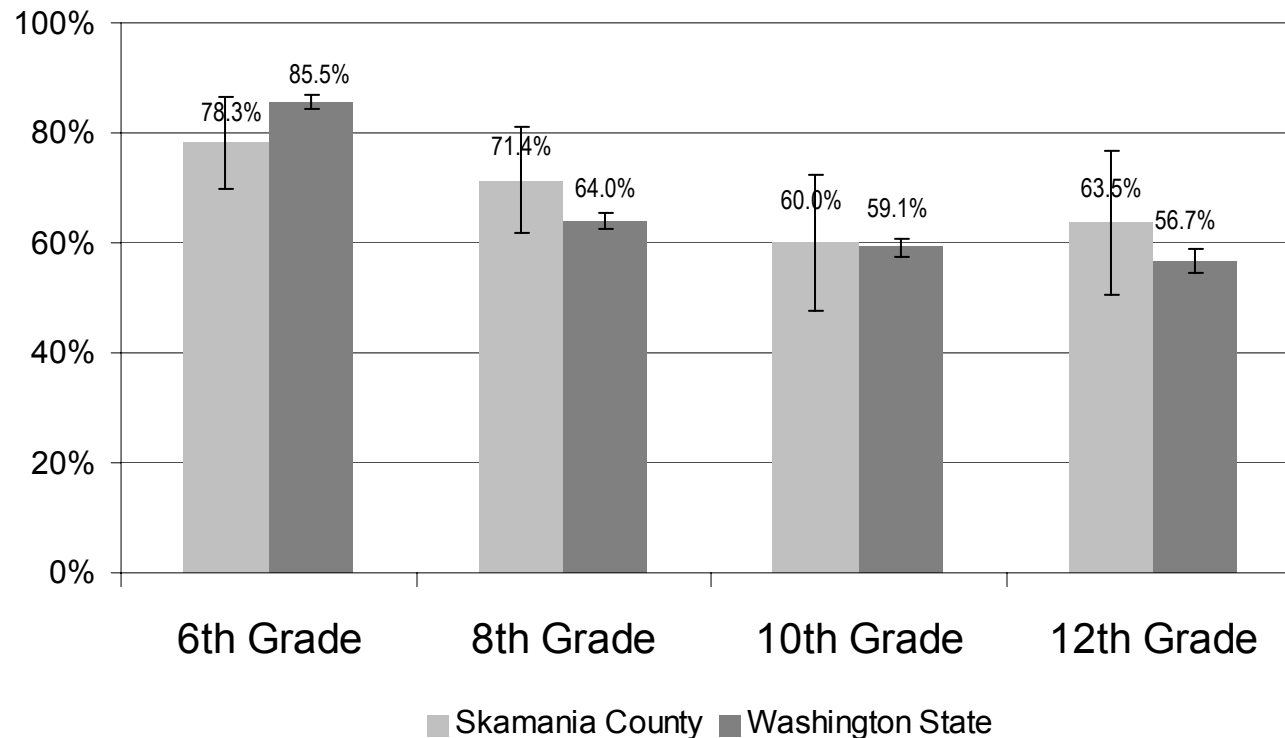
Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

**Do You Think You Will Smoke a Cigarette
at Any Time During the Next Year? (Definitely No)
Skamania County, 2000**

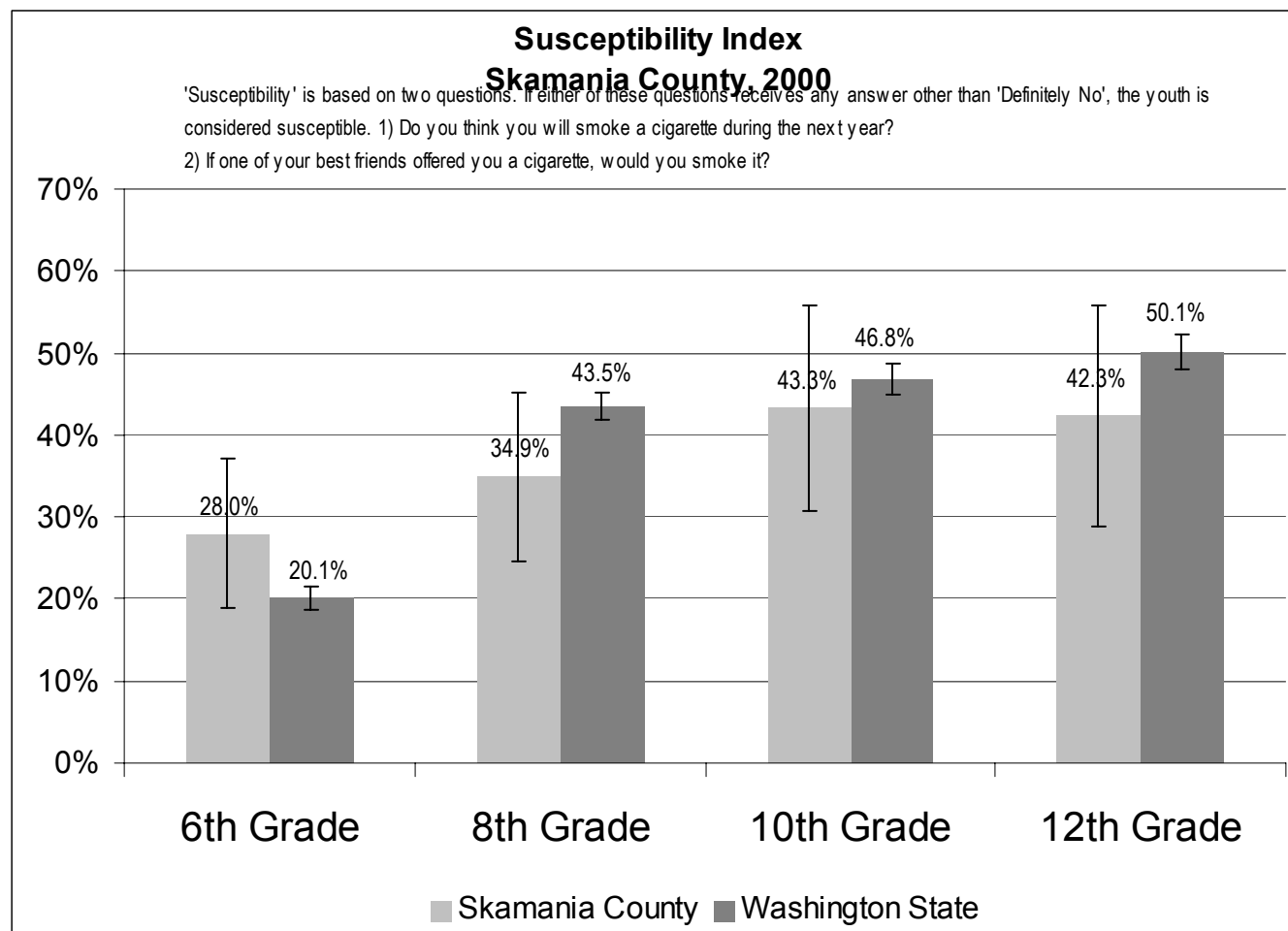


Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

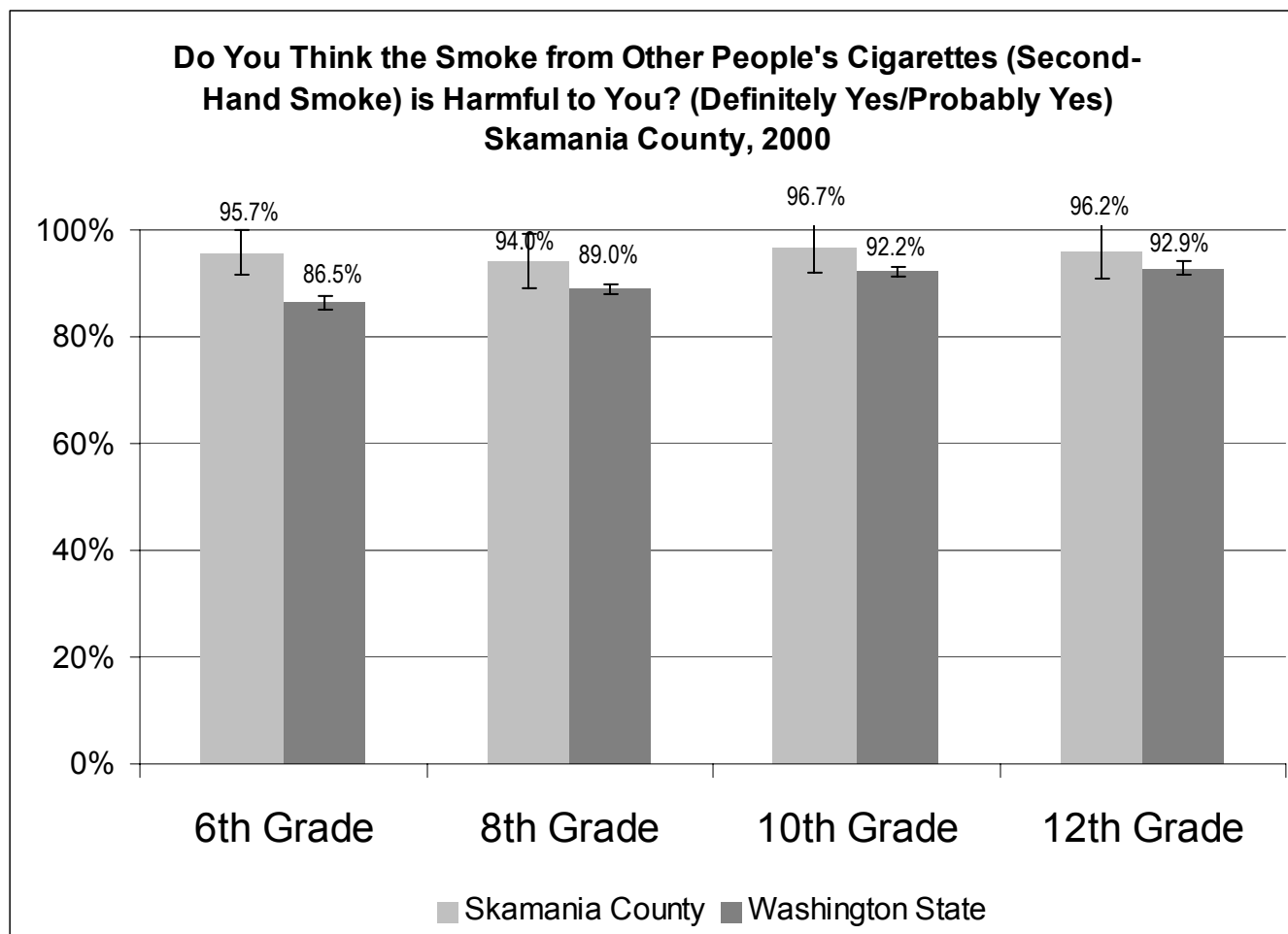
**If One of Your Best Friends Offered You a Cigarette,
Would You Smoke It? (Definitely No)
Skamania County, 2000**



Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

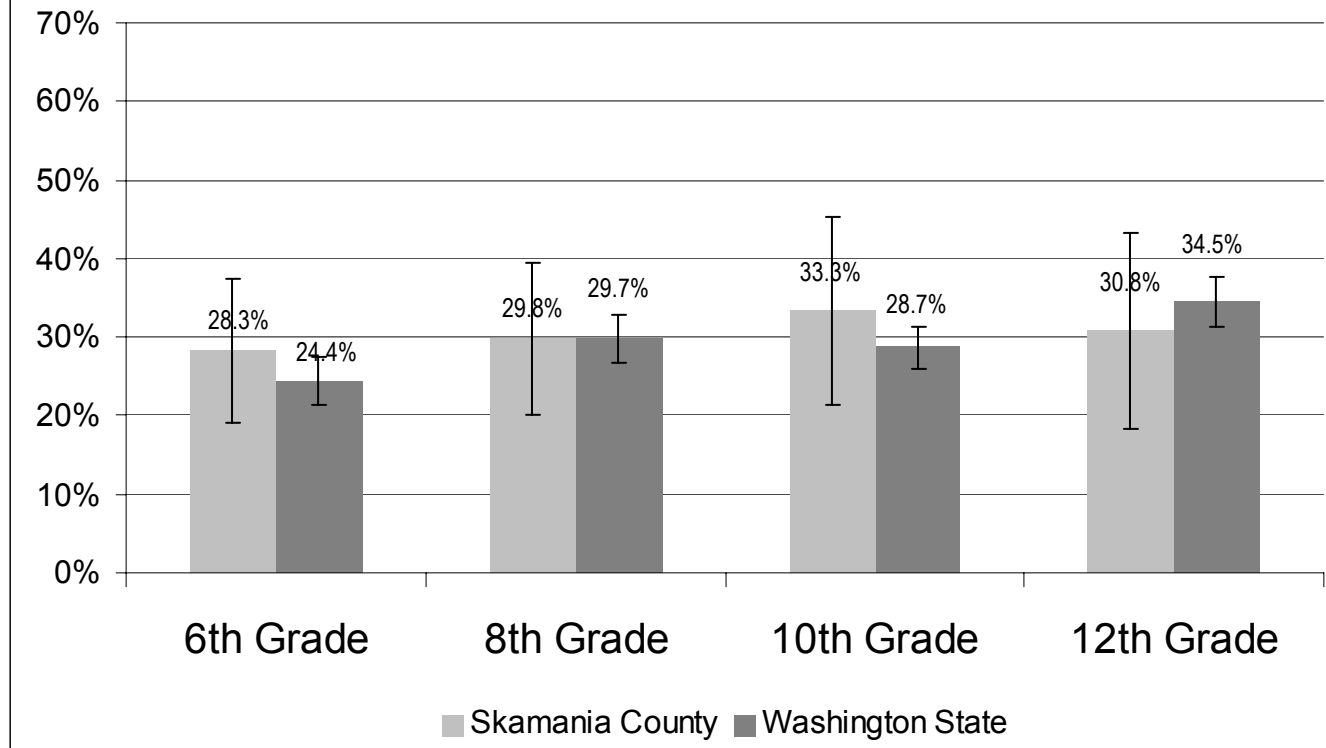


Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation



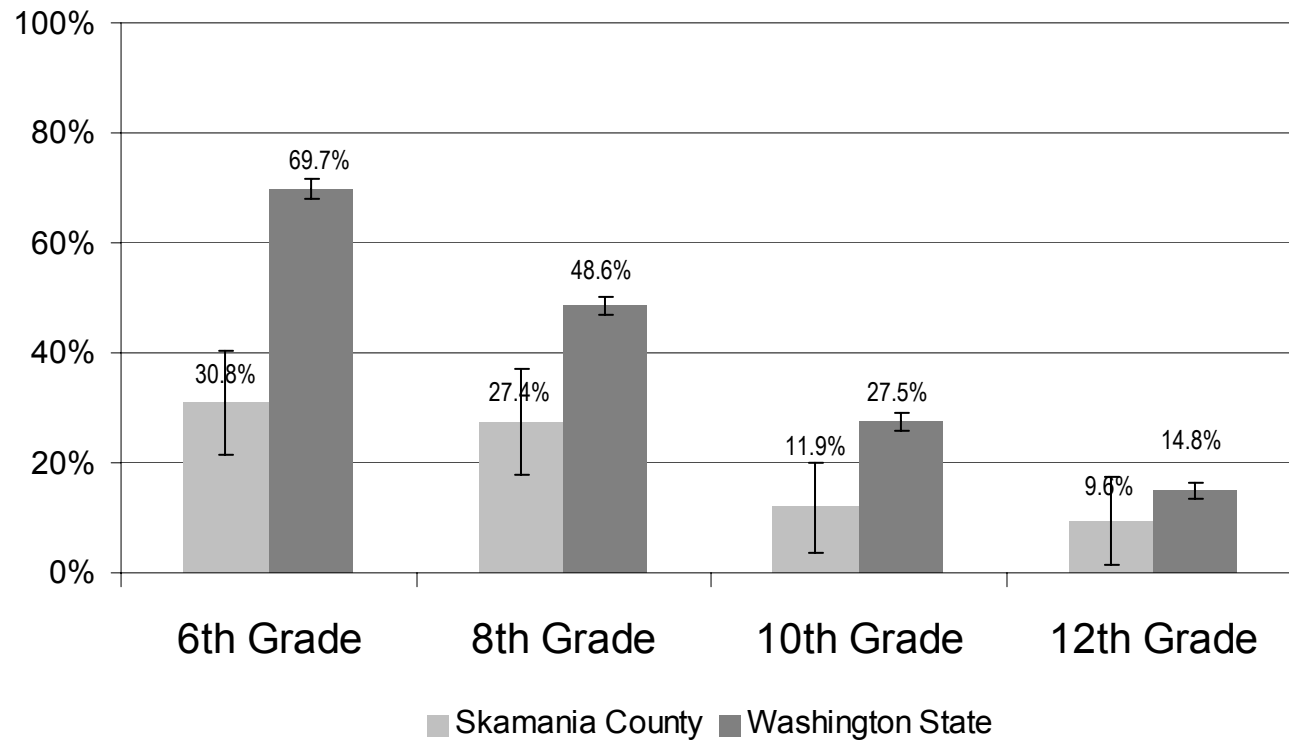
Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

**During Past 7 Days, on How Many Days Were You in the Same Room
with Someone Who was Smoking Cigarettes? (3 or More Days)
Skamania County, 2000**



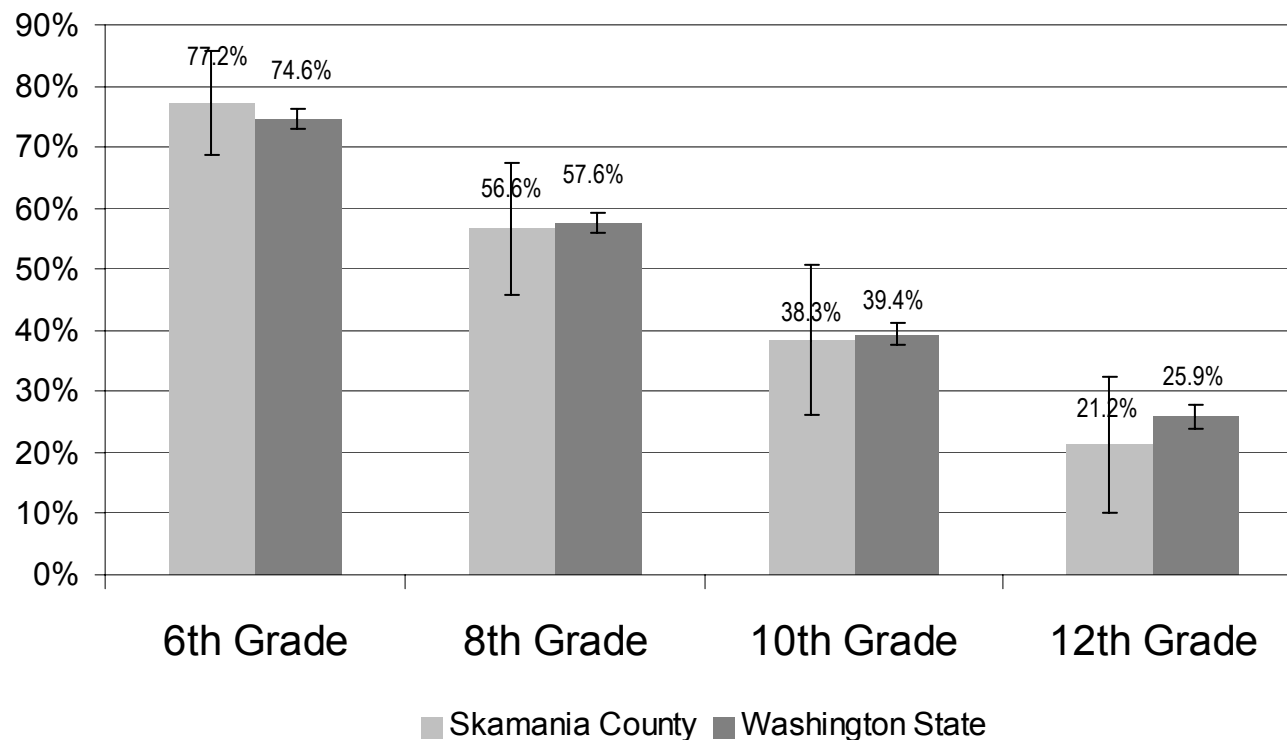
Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

During this School Year, Did You Practice Ways to Say 'NO' to Tobacco in any of Your Classes--For Example, by Role Playing? (Yes)
Skamania County, 2000



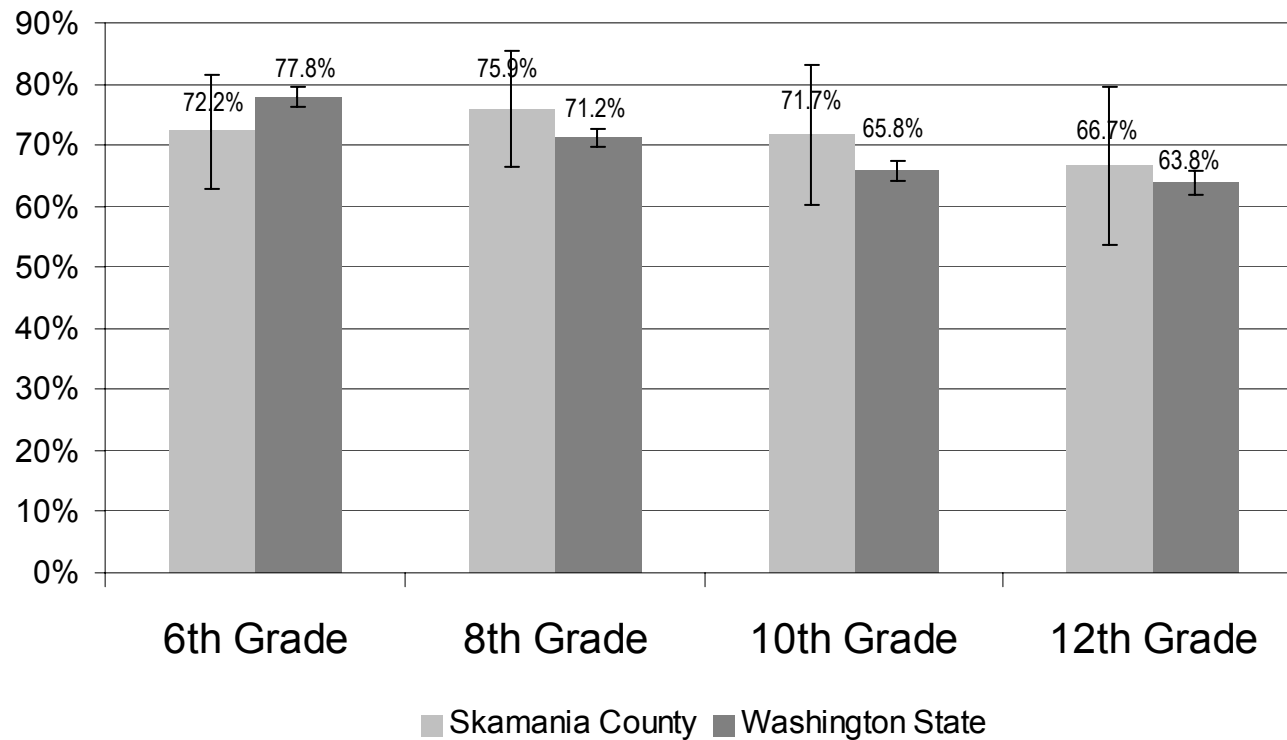
Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

**How Wrong Would Most Adults in Your Neighborhood Think it Was
for Kids Your Age to Smoke Cigarettes? (Very Wrong)
Skamania County, 2000**



Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation

Has Either of Your Parents (or Guardians) Discussed the Dangers of Tobacco Use with You? (Yes)
Skamania County, 2000



Source: Washington State Department of Health
Tobacco Prevention and Control
Assessment and Evaluation